



# Oklahoma Employment Security Commission

## FACT FINDING > 409 QUESTIONS - rc1540 Notice of Pre-Determination Factfinding

ADDRESS: PATRICIA PFAU  
16 SW 170TH STREET  
OKLAHOMA CITY OK 73170

PHONE: 405-735-7922

FAX:

SYSTEM DATE: 10/23/14  
SYSTEM TIME: 14:11:19

SSN: 503645210

CLAIM ID: 242683794

DATE: 10232014 TIME: 095636

NAME: PATRICIA M PFAU

ISSUE: 2404 10 Day Call: ☐

EMPLOYER: SODEXO OPERATIONS LLC  
ELECTRONIC 617  
UI SIDES - TALX

PHONE: 3149972100

The information received previously from you will be considered in issuing a determination. However, additional detailed information is needed regarding the enclosed statement and/or above-mentioned Unemployment Insurance Claim. This information must be received by 5:00pm on or before the date listed below:

**RESPOND BY DATE:**

Failure to respond may affect the outcome of the claim. In your response, please address all the questions on this form. You should include any documentary evidence pertaining to the issue. You may mail, telephone or FAX your response to this office #405-962-7524.

FAILURE TO ADDRESS ALL QUESTIONS MAY AFFECT THE DECISION.

### QUESTIONS:

Q) YOU INDICATED YOU TENDERED YOUR RESIGNATION DUE TO A CONFRONTATION  
WITH YOUR BOSS MARK COULTER. IS THAT CORRECT?

[illegible]


SIGNATURE:  DATE:

DISPLAY CONTACTS: ☐ DISPLAY COMMENTS: ☐

CONTACT INFORMATION		
<b>PHONE NUMBER:</b>		
<input style="width: 100%;" type="text" value="405-735-7922"/>		
<b>PARTY CONTACTED:</b> <input type="radio"/> Employer <input checked="" type="radio"/> Claimant <input type="radio"/> Other		
<b>NAME:</b>		
<input style="width: 100%;" type="text" value="PATRICIA PFAU"/>		
<b>TITLE:</b>		
<input style="width: 100%;" type="text" value="CLAIMANT"/>		
<b>RESULTS:</b>	<b>DATE &amp; TIME:</b>	
Left Message <input type="button" value="v"/>	<input style="width: 80px;" type="text" value="10/23/14"/>	<input style="width: 80px;" type="text" value="0955"/>
Info Received <input type="button" value="v"/>	<input style="width: 80px;" type="text" value="10/23/14"/>	<input style="width: 80px;" type="text" value="1414"/>
<input type="button" value="v"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
<b>IF MESSAGE LEFT:</b>		
<b>ADVISED TO PROVIDE INFORMATION BY:</b>		
<input style="width: 100%;" type="text" value="LM DUE 10/27/14"/>		
<b>ADVISED PARTY THAT FAILURE TO RESPOND COULD AFFECT THE OUTCOME OF THE CLAIM:</b> <input checked="" type="checkbox"/>		
<b>INTERVIEWER NAME:</b>		
<input style="width: 100%;" type="text" value="FELIX 918-610-2313"/>		

Please mail, telephone or FAX your reply to the Local Office listed below: You may fax this document free of charge at your local Workforce Center.

UNEMPLOYMENT INSURANCE SERVICE CTR	(CLAIM ID: 242683794)
P O BOX 52006	
<input style="width: 100%;" type="text"/>	
OKLAHOMA CITY OK 73152-2006	
<input style="width: 100%;" type="text"/>	
FAX # 405-962-7524	